

**Testimony of Senator Steven A. Tolman
Before the Sub-Committee on Regulatory Affairs
Tuesday, September 13, 2005**

Good morning Madam Chair—Congressman Lynch—members of the sub-committee. My name is Steven Tolman—I am the Massachusetts state Senator for the 2nd Suffolk and Middlesex District. My district includes Allston, Brighton, and the Back Bay and Fenway neighborhoods of Boston; northwest Cambridge; Watertown; and Belmont. I am currently the Senate Chairman of the Mental Health and Substance Abuse Committee. I would like to commend this sub-committee for holding this hearing and I would like to begin by providing some statistics that illustrate the problems we are facing in Massachusetts.

OxyContin abuse is a crisis of epidemic proportions. In 2002, Boston had the highest emergency department rate of oxycodone—the primary ingredient in OxyContin—in the country. In fact, Boston’s emergency department rate of 34 per 100,000 was 3.8 times higher than the national average rate of 9 per 100,000 and was an increase of 118% from 2000. The number of people who entered treatment in Boston and reported “other opiates” (which includes oxycodone) as their primary drug increased nearly 250% from 2000 to 2004.

OxyContin addiction knows no age, gender, ethnic or socio-economic bounds—it is everywhere—and it is breaking parents hearts, it is ruining good families, it is destroying our communities and it is killing people. And we have been particularly hard hit here in Massachusetts.

We have seen an increase in the number of pharmacy burglaries and armed robberies that have been attributed to the rise in OxyContin abuse. During 2002, there were 166 pharmacy thefts reported in New England—144 of those 166 pharmacy thefts took place right here in Massachusetts.

In 2002-2003, we ranked third among the 50 states for illicit drug dependence or abuse; and had the highest rate in New England among those aged 26 or older. In 2003, there were 11,257 opioid-related emergency department visits and 17,580 opioid-related acute care hospital discharges among Massachusetts residents. In fact, in 2003, we spent over \$167 million on opioid-related hospitalizations across the state. Currently—today—poisonings—which include drug overdoses—are the leading cause of injury death in this state surpassing even motor vehicle deaths—they have gone up 128% from 1990 to 2003.

Here in Massachusetts, one of the most important things we can do is educate people on the dangers of OxyContin abuse. Locally, the Boston Public Health Commission has begun airing hard-hitting public service announcements aimed at kids aged 12-24 years old. To date, they have run 109 commercials at a cost of \$25,900—these commercials reached an estimated 300,000 people in the target audience. The message has been uniform—OxyContin abuse is on the rise, it is extremely addictive, it leads to heroin and it can kill you.

Across Massachusetts, the state’s Bureau of Substance Abuse Services is also developing a public information campaign in order to educate families on the dangers of OxyContin—this campaign is expected be rolled out this winter and will cost approximately \$500,000. This is a start, but we still must do more.

Funding to help those who are addicted is also crucial to dealing with this epidemic. However, Massachusetts has suffered from drastic and debilitating cuts in detox beds. In 1991, there were approximately 950 publicly funded detox beds in the Commonwealth. These beds were funded by Medicaid and the Bureau of Substance Abuse. Largely as a result of the cuts to

Medicaid programs, that number has dropped to 450 beds—that's a cut of nearly 50%. With new supplemental funding appropriated to the Bureau of Substance Abuse Services, some of those beds will be restored. But, this deficiency remains a serious problem.

In Massachusetts, we have filed several bills designed to raise the debate on the issue of OxyContin addiction and address the problems we are currently facing. Several months ago, we filed a bill to ban Palladone—however, shortly thereafter, Palladone was removed from the market by the FDA.

We have also filed a bill to ban OxyContin in Massachusetts by changing its designation within the Controlled Substances Act—this bill has proved controversial but it has also elevated the debate and largely, I hope, increased people's awareness of this growing OxyContin epidemic.

As I mentioned earlier, in 2003, there were significant opioid related emergency department visits (11,257) among Massachusetts residents. Under the current system, this information is often reported 12-18 months after the emergency department visits occur. In order to maximize the benefit of this information, we have filed a bill that would require that all hospitals report any opioid overdose to the Department of Public Health within 24 hours of the patient's admittance. It is important to note that this is not a law enforcement tool—information is not reported to the police—and no names or addresses or social security numbers are reported at all—rather it is designed to gather demographic characteristics in order to identify the problem areas within our communities so we can respond quickly and effectively to those areas that need the most help.

Finally, last year, the Massachusetts legislature created a commission to study OxyContin. To date, the Commission has held several hearings around the state—the next one will take place in Somerville on September 22. I am hopeful that the final report will include innovative and aggressive proposals to deal with the problems OxyContin has created.

In closing, I cannot tell you how many families have expressed their heartache to me as they try to deal with a loved one who has an OxyContin addiction. A young man with an OxyContin addiction recently told me that the hardest part was telling his parents that he was addicted to OxyContin—I thought he was done—but then he said the scariest part is that there are a lot of kids out there who are not telling their parents. We need to partner more effectively and aggressively with the federal government in this fight. OxyContin is not a gateway to heroin, it is a rocket ship to heroin—and we must attack the problem before it destroys us from within. I would like to thank the sub-committee for their leadership in holding this hearing. It is important that we bring attention to this silent epidemic. I welcome any questions the sub-committee may have.

Thank you.